

## COMPREHENSIVE STATE PLAN 2010-2016 CSB WAITING LIST APPLICATION REQUEST

MAIL or FAX a signed copy of this application form to Gail McClure:	
Gail McClure	If Gail McClure is not available, Mail or FAX the form to the Alternate Contact:
Office of Community Contracting	Charline Davidson or Linda Grasewicz
P.O. Box 1797 - 12th Floor	Same address
Richmond, Virginia 23218	Same FAX number
FAX: (804) 371-0092	
<b>Contact Information:</b>	<b>Contact Information:</b>
<a href="mailto:gail.mcclure@co.dmhmrzas.virginia.gov">gail.mcclure@co.dmhmrzas.virginia.gov</a>	<a href="mailto:charline.davidson@co.dmhmrzas.virginia.gov">charline.davidson@co.dmhmrzas.virginia.gov</a>
Telephone: (804) 786-6148	Telephone: (804) 786-7357
	<a href="mailto:linda.grasewicz@co.dmhmrzas.virginia.gov">linda.grasewicz@co.dmhmrzas.virginia.gov</a>
	Telephone: (804) 786-0040*

Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services CSB Waiting List Application Requestor Information	
CSB Name:	Date of Request:
Typed Name of CSB Employee Needing Access:	Employee's Phone Number
Last Four Digits of Employee's SSN:	
Signature of CSB Employee Needing Access:	Employee's E-Mail Address:
Typed Name of CSB Official Authorizing the Request:	Official's Phone Number:
Signature of CSB Official Authorizing the Request:	Official's E-Mail Address:

By signing this form, the CSB Official and the Employee (Application User) acknowledge that any change in the Employee's status that would no longer require the Employee to access this confidential data must be reported by the CSB Official Authorizing this Request to Gail McClure or, if she is not available, to Charline Davidson or Linda Grasewicz. This is critical to ensure the protection of the data. Any attempt by the Employee to access this data after a status change can result in legal action being taken against him or her in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Security Rule.